

580 - BEHAVIORAL HEALTH REFERRAL PROCESS

EFFECTIVE DATES: 07/01/16, 11/01/19, 10/01/21

APPROVAL DATES: 11/17/16, 09/19/19, 04/13/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy specifies behavioral health referral requirements to ensure members with behavioral health and substance use disorders are able to gain prompt access to behavioral health services.

II. DEFINITIONS

DESIGNATED REPRESENTATIVE (DR)	An individual, parent, guardian, relative, advocate, friend, or other person, designated orally or in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member's rights and voicing the member's service needs. Refer to A.A.C. R9-22-101.
HEALTH CARE DECISION MAKER (HCDM)	An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions pursuant to A.R.S. Title 14, Chapter 5, Article 2 or 3; or A.R.S. §§ 8-514.05, 36-3221, 36-3231 or 36-3281.
REFERRAL	A verbal, written, telephonic, electronic, or in-person request for health services.
SERIOUS MENTAL ILLNESS (SMI) ELIGIBILITY DETERMINATION	A determination as to whether or not an individual meets the diagnostic and functional criteria established for the purpose of determining an individual's eligibility for SMI services.

III. POLICY

A. GENERAL REQUIREMENTS

A referral may be made but is not required to initiate behavioral health services.

A member may directly outreach their Contractor of enrollment's member services department to initiate services or to identify a contracted service provider.

If behavioral health services are not available within the service array of an existing provider, a referral may be made by any of the following:

1. A Member/Health Care Decision Maker (HCDM).
2. Contractor.
3. Primary Care Provider (PCP).
4. Hospital.
5. Treat and refer provider or other provider within their scope of practice.
6. Jail.
7. Court.
8. Probation or parole officer.
9. Tribal entity.
10. Indian Health Services/638 Tribally Operated Facility.
11. School.
12. Other governmental or community agency, and for members in the legal custody of the Arizona Department of Child Safety (DCS), the out-of-home caregiver, as specified in A.R.S. § 8-512.01 and ACOM Policy 449.
13. TRBHA responsibilities regarding referrals are specified in the TRBHA Intergovernmental Agreements (IGAs).

The Contractor and FFS providers shall ensure an effective referral process is in place for all individuals seeking or screened as at-risk for needing behavioral health services, including but not limited to general mental health/substance use services, members with a Serious Mental Illness (SMI) designation, and those seeking a SMI designation. The Contractor and FFS providers shall ensure:

1. The process for making referrals, including self-referrals, is clearly communicated to members and providers. This process shall ensure the engagement of the member/HCDM, or Designated Representative (DR), if applicable and maximize

- member and family voice and choice of service providers, as well as the allowance of FFS members to see any AHCCCS registered provider.
2. Referrals are accepted for behavioral health services 24 hours a day, seven days a week. The processing of referrals shall not be delayed due to missing or incomplete information. An acknowledgement of receipt of a referral shall be provided to the referring entity within 72 hours from the date it was received.
 3. Sufficient information is collected through the referral to:
 - a. Assess the urgency of the member's needs,
 - b. Track and document the disposition of referrals to ensure subsequent initiation of services. The Contractor shall comply with timeliness standards specified in ACOM Policy 417,
 - c. Ensure members who have difficulty communicating due to a disability, or who require language services, are afforded appropriate accommodations to assist them in fully expressing their needs.
 4. Information or documents collected in the referral process are kept confidential and protected in accordance with applicable federal and state statutes, regulations, and policies.
 5. Providers offer a range of appointment availability and flexible scheduling options based upon the needs of the member.

B. REFERRALS FOR INDIVIDUALS ADMITTED TO A HOSPITAL

The Contractor shall ensure that individuals admitted to a hospital who are identified as in need of behavioral health services are responded to as specified below:

1. Upon notification of an individual who is not currently receiving behavioral health services, the Contractor shall ensure a referral is made to a provider agency within 24 hours.
2. The Contractor shall ensure that provider agencies attempt to conduct a face-to-face evaluation with the individual within 24 hours of referral and the Contractor shall ensure that the provider agency evaluation occurs prior to discharge from the hospital.
3. For members already receiving behavioral health services, the Contractor shall ensure coordination, transition, and discharge planning activities are completed in a timely manner as specified in AMPM Policy 1021.